



CREDIT CARD AUTHORIZATION

Name as it appears on card: _____

Billing street address: _____

Billing city state & zip code: _____ / _____ / _____

Credit Card number: _____

Expiration: ____/____

CID code: _____

Invoice #: _____

Invoice Amount: \$ _____.

3% Credit Card Fee \$ _____ (waived for invoices below \$1000)

Total authorized \$ _____.

Signature: _____

Position: _____ Company: _____

Please return via facsimile 610-521-9096

108A ERICKSON AVE. ESSINGTON PA 19029 PH:(610) 521 9100 FAX(610) 521 6096

**** Credit card payments are for U.S. vendors and clients ONLY. ****

**** International credit cards are not accepted. ****